

Department of InsuranceBureau of Captive and Financial Insurance Products

Date
Bank Name Attention: Address City, State Zip
Re: Bank Account Balance Confirmation
The Delaware Department of Insurance is currently conducting an organizational examination on or about this date, of your customer described below:
Name of Captive Insurance Company:
Solely for the purposes of verification, please confirm below the balance in account # Attached is a letter from your client giving you permission to release the account information to the Delaware Department of Insurance.
Please mail your reply to the address below and/or fax to (302) 577-3057.
Delaware Department of Insurance Examiner for the Bureau of Captive and Financial Insurance Products Attn: Jamie Bafundo 820 N. French Street, 3 rd Floor Wilmington, DE 19801
For security purposes this form cannot be sent to our department via email.
If you have any questions, please contact Jamie Bafundo at jamie.bafundo@state.de.us or by telephone at (302) 577-5281. Thank you in advance for your assistance in this matter.
Bank Account # Balance as of this date: \$
Bank Officer Signature: Date:
Print Name:

(Form C-1)